

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000144975 3)))



H200001449753ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000145  
Phone : (305)444-4994  
Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
NANCY VARGAS P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAY 18 2020

T. SCOTT

2020 MAY 15 PM 4:13

FILED

2020 MAY 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 17060291-0049-4D1B-B95D-5596D5235DCC

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: NANCY VARGAS P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

100 SW 10TH ST 914MIAMI, FL 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE OF THIS ENTITY IS REAL ESTATE.**ARTICLE IV SHARES**The number of shares of stock is: 500 @ \$ 1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NANCY VARGAS (PTSD)

Name and Title: \_\_\_\_\_

Address 100 SW 10TH ST 914

Address: \_\_\_\_\_

MIAMI, FL 33145

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 MAY 15 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 17060291-0049-4D1B-B95D-5896D5235DCC

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: INSYNC BCS CORP  
Address: 2030 S. DOUGLAS RD STE 206  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: NANCY VARGAS  
Address: 100 SW 10TH ST 914  
MIAMI, FL 33145

**ARTICLE VIII. EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with, and accept the appointment as registered agent and agree to act in this capacity*



Israel Diaz

5/12/2020

05/12/2020 14:14:37

Required Signature/Registered Agent

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Nancy Vargas

5/12/2020

Required Signature/Incorporator

Date